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ABSTRACT

The physical abuse of children is a serious and growing problem. In spite of increasing knowledge and skill in treating physical abuse, many professionals continue to be dissatisfied with the effectiveness of treatment. This study examined the myths and beliefs about abuse and abusers and the theoretical models of cause and treatment that are preferred by professionals who are involved in treating abuse that may directly or indirectly contribute to less effective treatment. Twenty-three psychologists and 64 social workers were surveyed by means of an 84-item questionnaire concerning some of these myths associated with physical abuse. The results showed that some mental health professionals may subscribe to myths, beliefs, or theoretical models that may limit their effectiveness in working with abuse situations. This possibility suggests that professionals working with abusive clients and abuse victims could be more effective if they would probe their own ideas, concepts, and beliefs about abuse on an ongoing basis. (ABL)

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Physical Abuse of Children:

A Look at Professional Intervention

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Paper presented at Southwestern Psychological Association Convention, Tulsa, OK, April, 1988

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RUNNING HEAD: PHYSICAL ABUSE AND INTERVENTION

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Abstract

Eighty-seven mental health professionals, 23 psychologists and 64 social workers, were surveyed by means of an 84 item questionnaire concerning some of the myths and beliefs associated with physical abuse. They were also asked about their preferred theoretical model for treating abuse. The results showed that some members of both professions endorsed some of the myths, beliefs and theoretical models about physical abuse in directions that may be counter therapeutic. The implications of these findings for the treatment of abuse are discussed.

Physical Abuse of Children:
A Look at Professional Intervention

The physical abuse of children is a serious and growing problem. The National Center on Child Abuse and Neglect (1981) has reported that each year at least 10.5 of every 1000 children under eighteen are injured through abuse or neglect, and that for every case reported at least two others are known and not reported. The National Committee for the Prevention of Child Abuse and Neglect (1986) has estimated that every year 2000 or more of these children die.

In spite of our growing knowledge and skill in treating physical abuse many professionals continue to be dissatisfied with the effectiveness of treatment. The literature shows ample cause for concern. Hyman (1978) reviewed the statistics on the abuse of children and reported that 45 percent of the families studied were known to have previously abused a child, and in 23 percent of the cases the same child had been injured two or more times. The National Committee for the Prevention of Child Abuse (1983) released a study pointing to the ineffectiveness of demonstration programs for treating physically abusive parents. This study showed that 30 percent of the parents served reabused their children while in treatment, and that even after treatment only 42 percent of the parents were considered unlikely to reabuse their children in the future.

Several possible explanations for this low level of

treatment effectiveness have been proposed. O'Brien (1980) has suggested that commonly held myths and beliefs about abuse and parent-child relationships can hinder effective treatment. Helfer and Helfer (1980) point out that the therapist's own unresolved opinions and feelings about abuse can constitute a barrier to treatment. Justice and Justice (1976) suggest that the selection of the wrong model of abuse and treatment may undermine effective therapy. This study examines the myths and beliefs about abuse and abusers and the theoretical models of cause and treatment that are preferred by professionals who are involved in treating physical abuse that may directly or indirectly contribute to less effective treatment.

Method

An 84 item questionnaire designed to tap the myths and beliefs about abuse and abusers and the theoretical models held by professionals who treat abuse was developed from a survey of the literature. The questionnaire was distributed for anonymous return to 65 members of a county psychological association and 223 members of a chapter of the National Association of Social Workers. Both groups covered roughly the same geographical area in Central Texas.

Results and Discussion

Completed questionnaires were returned by 23 (35.4%) of the psychologists and 64 (28.7%) of the social workers which provided a total response rate of 30.2%. Both the psychologists and the social workers had spent an average of 5 to 6 years working with

physical abuse, and had treated an average of 6 to 9 physical abuse cases within the past year.

Most members of both professions rejected all of the surveyed myths related to physical abuse (Table 1). This is an encouraging result and indicates that most psychologists and social workers are aware of the inaccuracy of these myths. However, at least 10% of both professions partially accepted or were uncertain about the accuracy of some myths. Among the surveyed myths accepted by some professionals were the myths that babies are always soft, clean and lovable and that abuse is higher in lower socioeconomic families and in black families. O'Brien (1980) has pointed out that subscription to inaccurate stereotypical myths about abusive parents and their children can lead to unrealistic and ineffective treatment. Daniel, Hampton and Newberger (1983) have warned that acceptance of the myths that abuse is higher in black or lower socioeconomic families may result in reduced reporting of abuse in these families, non-abuse injuries being classed as abuse or the ineffective or discounted treatment of real abuse.

Two other myths that some members of both groups of peofessionals accepted are that abuse can sometimes be excused on the basis of cultural differences or cultural scripts and that there are seldom any negative cultural effects as a result of professional treatment. Long (1985) has cautioned that the uncritical acceptance or disregard of cultural differences and scripts may sometimes mask cases of real abuse. She further

warns that failure to give consideration to the cultural matrix of abusers may lead to interventions that will either cause more problems or be ingnored by abusers as not appropriate to their life situations. Still other surveyed myths accepted by some professionals are that physical punishment is needed to manage children and that children are the property of their parents. Zalba (1971) feels that subscription to these myths may result in the failure to recognize abuse when it is present.

Most professionals from both groups endorsed beliefs about physical abuse that are consistent with the literature (Table 2). Unfortunately, 10 percent or more of both groups were undecided about or disagreed with some beliefs. These included the beliefs that (a) most abuse happens when normal discipline goes too far, (b) death of a child by abuse is usually accidental, (c) some children seem to provoke or trigger abuse, (d) child and spouse abuse often go together, (e) abusers often fail to give explanations as part of their discipline, (f) abusers often feel that they are failures if their children misbehave, (g) family planning would help reduce abuse, (h) that abusers often feel socially isolated, panicked and suspicious toward authority figures and (i) abusers frequently overidentify with their children. In addition 10% or more of the psychologists disagreed with the beliefs that as stress increases abuse increases and that abuse often occurs in a cycle from parents to children to the childrens' children.

These findings seem unfortunate since studies have shown

that abusive parents and abused children often have numerous physical, cognitive and behavioral difficulties that contribute to abusive situations (Elmer and Gregg, 1976; Dunstead et. al., 1974; Trickett and Kuczynski, 1986). Also, studies by Sandgrud et. al. (1974), Gains et. al. (1978), Blumberg (1980) and Pianta (1984) have pointed out that the characteristics of abusive parents and abused children often interact under stress in a pattern similar to the coercive processes model advanced by Reid et. al. (1981, 1982). In this model the parents and children both contribute to aversive exchanges that escalate to abuse. The endorsement of beliefs in directions that disagree with these findings indicate that some therapists may approach the treatment of abuse in an unrealistic and ineffective manner.

One of the most basic considerations in the treatment of any problem is the selection of an appropriate conceptual system to provide both an understanding of the problem and to serve as a guide in the application of intervention. The theoretical models of cause and treatment of abuse endorsed by most of the social workers and psychologists were the psychosocial, moral, family structure, social-learning and character-trait models (Table 3).

The psychosocial model (Justice and Justice, 1976) takes a systems perspective with emphasis on the family in interaction with the environment. The central theoretical concept is the symbiotic relationship between the abusive parent and the abused child. In this model abusers are seen as dysfunctionally symbiotic due to a failure to individuate from their own parents.

The result is that the relationship patterns of the parents with each other and with the child, whose behaviors are seen as the primary cause of stress in the family system, interacts with external stress to produce abuse. Treatment focuses on reducing the symbiosis so that other stressers in the parents' lives can be coped with more effectively. Therapists are seen as providing expert help to correct these internal and external problems.

Justice and Justice (1976) summarize the problems with the psychodynamic and character-trait models by holding that both models place too much emphasis on internal psychological problems or traits and too little emphasis on other factors. They assert that the psychosocial model, by including external stress factors, is superior to both the psychodynamic and character trait models. However, the psychosocial model appears to have the same strong emphasis on internal psychological problems, which may serve to partially excuse abusers from some responsibility for their actions, as the psychodynamic and character-trait models.

The second most endorsed model was the moral model. Based on this model (Brickman et.al., 1982) society looks down on the abuser as weak or defective and requires the abuser to take sole responsibility for the resolution of all of his problems. Therapists function by urging the abuser to do better. The result is that only those abusers who have the resources to benefit from such constructive criticism are likely to improve.

The difficulty with the social-learning model lies in its

narrow emphasis on the abuser's failure to acquire the skills needed for adequate functioning both as a parent and a member of society. The family structure model seems flawed by placing too much emphasis on family interactions and not enough on contributing factors that are external to the family. Similarly, the environmental-stress and social-psychological models are seen as placing too much emphasis to external stressers and not enough on internal stressers or the dynamic interactions between internal and external factors. The medical model seems to break down because of its emphasis on abuse as an illness which relieves abusers of at least some part of the responsibility for their actions. The medical model also gives limited consideration to environmental stress and casts the therapist as an expert who alone can provide treatment.

The compensatory model is a more effective theorecitcal model, which was rejected by the majority of both groups of professionals (Table 3). This model is based on the interaction of personal, social and environmental factors, as in the psychosocial model. However, unlike the psychosocial and psychodynamic models, abusers are not excused from any part of the responsibility for their actions by their internal psychological problems. Also, unlike the psychosocial model, the compensatory model does not see the child as the primary source of stress in abusive situations. Instead, abusers are seen and encouraged to see themselves as having to compensate for difficulties imposed on them by their life circumstances.

Therapists and self-help groups, such as Parents Anonymous, are seen as empowering the abuser to compensate by providing treatment, training, direction, information and support services. In addition, this model makes it realistically possible for the abuser to make an internal attribution for change which is likely to be more benefical and longer lasting than external attributions.

Conclusions

The responses of most of the participants in this study appear to reflect the current state of incomplete knowledge about the cause and treatment of abuse. However, the study suggests the possibility that some professionals may subscribe to myths, beliefs or theoretical models that may limit their effectiveness in working with abuse situations. This possibility suggests that professionals working with abusive clients and victims could be more effective if they probe their own ideas, concepts and beliefs about abuse on an ongoing basis.

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Table 1

Myths

Question		Psychologists		Social Workers	
		N	%	N	%
Children property of parents	1	3	13.00	2	3.10
	2	0	0.00	0	0.00
	3	0	0.00	0	0.00
	4	2	8.70	6	9.40
	5	18	78.30	56	87.50
Abuse higher in black families	1	1	4.30	1	1.60
	2	5	21.80	6	9.40
	3	5	21.80	10	15.60
	4	9	39.10	18	28.10
	5	3	13.00	29	45.30
Lower-class white kids more likely to be classed as abused than upper class white kids	1	4	17.40	29	45.30
	2	11	47.80	20	31.20
	3	5	21.80	4	6.30
	4	2	8.70	8	12.50
	5	1	4.30	3	1.00
Cultural scripts play a role in abuse	1	3	13.00	11	17.20
	2	14	61.00	41	64.10
	3	3	13.00	10	15.60
	4	3	13.00	2	3.10
	5	0	0.00	0	0.00
Good parenting automatic	1	1	4.30	2	3.10
	2	0	0.00	0	0.00
	3	0	0.00	0	0.00
	4	1	4.30	4	6.30
	5	21	91.40	58	90.60
America meets all childrens' needs	1	0	0.00	0	0.00
	2	1	4.30	2	3.10
	3	1	4.30	1	1.60
	4	9	39.10	18	28.10
	5	12	52.30	43	67.20
All babies always soft, clean, etc.	1	0	0.00	1	1.60
	2	3	13.00	4	6.30
	3	1	4.30	2	3.10
	4	5	21.80	13	20.30
	5	14	60.90	44	68.70

Table 1 (cont.)

Myths

Question		Psychologists		Social Workers	
		N	%	N	%
Abuse excused due to cultural diff.	1	2	8.70	1	1.60
	2	2	8.70	10	15.60
	3	4	17.40	7	10.90
	4	6	26.10	22	34.40
	5	9	39.10	24	37.50
Physical punishment needed to manage kids	1	1	4.30	2	3.10
	2	0	0.00	7	10.90
	3	4	17.40	4	6.30
	4	8	34.80	14	21.90
	5	10	43.50	37	57.80
Mothers always loving. calm, cool, etc.	1	0	0.00	0	0.00
	2	2	8.70	2	3.10
	3	0	0.00	0	0.00
	4	7	30.40	20	31.20
	5	14	60.90	42	65.70
Biology makes good parents	1	0	0.00	2	3.10
	2	0	0.00	0	0.00
	3	0	0.00	1	1.60
	4	2	8.70	4	6.30
	5	21	91.30	57	89.00

Notes.
1. Some columns may not total 100% due to rounding
2. 1 = Agree Strongly; 2 = Agree Somewhat; 3 = Undecided; 4 = Disagree Somewhat; 5 = Disagree Strongly.

Table 2

General Beliefs

Question		Psychologists		Social Workers	
		N	%	N	%
Most professionals understand the causes and treatment of abuse	1	0	0.00	1	1.60
	2	2	8.70	16	25.00
	3	2	8.70	3	4.70
	4	12	52.20	25	39.20
	5	7	30.40	19	29.50
As stress increases abuse increases	1	9	39.20	40	62.50
	2	11	47.80	22	34.40
	3	0	0.00	2	3.10
	4	1	4.30	0	0.00
	5	2	8.70	0	0.00
Most abuse happens when normal discipline goes too far	1	0	0.00	6	9.40
	2	12	52.20	35	54.70
	3	4	17.40	3	4.70
	4	6	26.10	13	20.30
	5	1	4.30	7	10.90
Abusive parents' views of professional actions rarely effect treatment	1	1	4.30	1	1.60
	2	0	0.00	3	4.70
	3	1	4.30	2	3.10
	4	13	56.50	30	46.90
	5	8	34.90	28	43.70
Death of a child by abuse is usually accidental	1	2	8.70	12	18.70
	2	7	30.40	30	46.90
	3	7	30.40	6	9.40
	4	6	26.10	7	10.90
	5	1	4.30	9	14.10
Some children seem to provoke abuse	1	1	4.30	10	15.60
	2	12	52.20	23	36.00
	3	6	26.10	3	4.70
	4	2	8.70	13	20.30
	5	2	8.70	15	23.40
Some behavior of the child is usually the parcipitating event in abuse	1	2	8.70	4	6.30
	2	7	30.40	23	35.90
	3	2	8.70	7	10.90
	4	9	39.20	17	26.60
	5	3	13.00	13	20.30

Table 2 (cont.)

General Beliefs

Question		Psychologists N	Psychologists %	Social Workers N	Social Workers %
I could never abuse my own children	1	4	17.40	12	18.70
	2	6	26.10	12	18.70
	3	3	13.00	7	10.90
	4	8	34.80	25	39.20
	5	2	8.70	8	12.50
Acceptability of child rearing practices varies by culture	1	7	30.40	19	29.70
	2	15	65.30	42	65.60
	3	1	4.30	0	0.00
	4	0	0.00	3	4.70
	5	0	0.00	0	0.00
Family planning would help prevent abuse	1	5	21.80	20	31.20
	2	9	39.20	25	39.20
	3	6	26.10	10	15.60
	4	1	4.30	5	7.70
	5	2	8.70	4	6.30
Seldom any negative cultural effects of professional's actions for the abusive parent	1	0	0.00	3	4.70
	2	4	17.40	11	17.20
	3	4	17.40	12	18.70
	4	11	47.80	26	40.70
	5	4	17.40	12	18.70
Abusive parents often feel that they have little control over their lives	1	5	21.70	30	46.90
	2	13	56.60	27	42.20
	3	3	13.00	4	6.20
	4	2	8.70	2	1.60
	5	0	.91	1	1.30
Abuse passed on from parents to children	1	13	56.60	42	65.60
	2	6	26.10	19	29.70
	3	2	8.70	0	0.00
	4	1	4.30	2	3.10
	5	1	4.30	1	1.60
Spouse and child abuse often both present	1	6	26.10	13	20.30
	2	9	39.20	26	40.50
	3	4	17.40	13	20.30
	4	3	13.00	11	17.10
	5	1	4.30	1	1.60

Table 2 (cont.)

General Beliefs

Question		Psychologists		Social Workers	
		N	%	N	%
Less likely to give explanation as part of discipline	1	10	43.50	22	34.50
	2	8	34.80	26	40.50
	3	2	8.70	2	3.10
	4	3	13.00	13	20.30
	4	0	0.00	1	1.60
Feel they are failures if childern misbehave	1	3	13.00	8	12.50
	2	12	52.30	38	59.40
	3	5	21.70	6	9.40
	4	3	13.00	11	17.10
	5	0	0.00	1	1.60
Poor impulse control	1	9	39.10	30	46.80
	2	12	52.20	30	46.80
	3	2	8.70	1	1.60
	4	0	0.00	1	1.60
	5	0	0.00	2	3.10
Social isolation	1	6	26.10	28	43.70
	2	12	52.20	28	43.70
	3	2	8.70	3	4.70
	4	2	8.70	4	6.30
	5	1	4.30	1	1.60
Unrealistic or excessive expectations of children's behavior	1	9	39.10	33	61.60
	2	11	47.90	28	43.70
	3	1	4.30	2	3.10
	4	0	0.00	0	0.00
	5	2	8.70	1	1.60
Low self-esteem	1	10	43.50	45	70.30
	2	13	56.50	17	26.60
	3	0	0.00	2	3.10
	4	0	0.00	0	0.00
	5	0	0.00	0	0.00
Immaturity	1	6	26.10	37	57.80
	2	16	69.60	21	32.80
	3	1	4.30	1	1.60
	4	0	0.00	5	7.80
	5	0	0.00	0	0.00

Table 2 (cont.)

General Beliefs

Question		Psychologists N	Psychologists %	Social Workers N	Social Workers %
Poor sense of identity	1	7	30.40	39	60.90
	2	13	56.60	23	35.90
	3	3	13.00	1	1.60
	4	0	0.00	1	1.60
	5	0	0.00	0	0.00
Paranoid ideation	1	8	34.80	9	14.10
	2	10	43.50	21	32.80
	3	5	21.70	15	23.50
	4	0	0.00	12	18.70
	5	0	0.00	7	10.90
Reluctance to seek help	1	1	4.30	29	45.30
	2	18	78.30	26	40.60
	3	4	17.40	5	7.80
	4	0	0.00	4	6.30
	5	0	0.00	0	0.00
Suspicious attitude toward authority	1	3	13.00	24	37.50
	2	15	65.30	28	43.70
	3	2	8.70	6	9.40
	4	2	8.70	6	9.40
	5	1	4.30	0	0.00
Guilt	1	7	30.40	24	37.50
	2	14	60.90	34	53.10
	3	2	8.70	1	1.60
	4	0	0.00	3	4.70
	5	0	0.00	2	3.10
Helplessness	1	6	26.00	36	56.20
	2	15	65.30	23	35.90
	3	2	8.70	4	6.30
	4	0	0.00	1	1.60
	5	0	0.00	0	0.00
Overwhelming panic	1	2	8.70	16	25.00
	2	10	43.50	24	37.50
	3	4	17.40	11	17.20
	4	7	30.40	13	20.30
	5	0	0.00	0	0.00

Table 2 (cont.)

General Beliefs

Question		Psychologists		Social Workers	
		N	%	N	%
Overidentification with their children	1	3	13.00	10	15.70
	2	9	39.30	20	31.20
	3	6	26.00	20	31.20
	4	4	17.40	13	20.30
	5	1	4.30	1	1.60

Notes.
1. Some columns may not total 100% due to rounding
2. 1 = Agree Strongly; 2 = Agree Somewhat; 3 = Undecided; 4 = Disagree Somewhat; 5 = Disagree Strongly

Table 3

Theoretical Models of Abuse

Orientation		Psychologists		Social Workers	
		N	%	N	%
Psychodynamic	1	7	15.20	40	31.30
	2	22	47.80	45	35.10
	3	2	4.30	2	1.50
	4	10	21.80	28	21.90
	5	5	10.90	13	10.20
Character Trait	1	12	26.10	43	33.60
	2	14	30.50	37	28.90
	3	6	13.00	6	4.70
	4	8	17.40	31	24.20
	5	6	13.00	11	8.60
Social Learning	1	4	8.70	25	19.50
	2	26	56.50	56	43.70
	3	4	8.70	7	5.50
	4	10	21.80	27	21.10
	5	2	4.30	13	10.20
Family Structure	1	1	2.20	14	11.00
	2	22	47.80	71	55.40
	3	15	32.60	23	18.00
	4	7	15.20	18	14.10
	5	1	2.20	2	1.50
Environmental Stress	1	0	0.00	2	1.50
	2	6	13.00	9	7.10
	3	2	4.30	2	1.50
	4	13	28.30	31	24.20
	5	25	54.40	84	65.70
Social	1	3	6.50	15	11.70
	2	14	30.50	42	32.80
	3	7	15.20	10	7.80
	4	8	17.40	31	24.20
	5	14	30.40	30	23.50
Mental Illness	1	2	4.30	3	2.30
	2	6	13.00	13	10.10
	3	4	8.70	16	12.50
	4	22	47.80	49	38.30
	5	12	26.20	47	36.80

Table 3 (cont.)

Theoretical Models of Abuse

Orientation		Psychologists		Social Workers	
		N	%	N	%
Psychosocial	1	13	28.30	57	44.50
	2	25	54.30	53	41.40
	3	3	6.50	7	5.50
	4	4	8.70	8	6.30
	5	1	2.20	3	2.30
Moral	1	8	34.80	19	29.70
	2	8	34.80	32	50.00
	3	4	17.40	5	7.80
	4	1	4.30	8	12.50
	5	2	8.70	0	0.00
Compensatory	1	0	0.00	6	9.40
	2	4	17.40	11	17.20
	3	3	13.00	6	9.40
	4	9	39.20	17	26.50
	5	7	30.40	24	37.50
Medical	1	0	0.00	1	1.60
	2	1	4.30	2	3.20
	3	2	8.70	2	3.20
	4	8	34.80	20	31.20
	5	12	52.20	39	60.80
Enlightenment	1	2	8.70	4	6.30
	2	7	30.40	23	35.90
	3	2	8.70	6	9.40
	4	7	30.40	24	37.50
	5	5	21.80	7	10.90

Notes.
1. N = 128 for social workers and 46 for psychologists for all models but Moral, Compensatory, Medical and Enlightment. For Moral, Compensatory, Medical and Enlightment models, based on only one question, N = 64 for social workers and 23 for psychologists.
2. 1 = Agree Strongly; 2 = Agree Somewhat; 3 = Undecided; 4 = Disagree Somewhat; 5 = Disagree Strongly.